

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/688299

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| TOTAL CLAIMS | | | |
|----------------------------------|--|---------------|--------------------------|
| FOR | | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | | 18 minus 20 = | 0 |
| INDEPENDENT CLAIMS | | 5 minus 3 = | 2 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | <input type="checkbox"/> |

SMALL ENTITY
TYPE OR OTHER THAN
OR SMALL ENTITY

| RATE | FEES | RATE | FEES |
|-----------|--------|--------------|--------|
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9= | | OR X\$18= | |
| X40= | 80 | OR X80= | |
| +135= | | OR +270= | |
| TOTAL | 395 | OR TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 1) (Column 2) (Column 3) | |
|--|---|-------|---|------------------|----------------------------------|------------------------|
| | | | | | RATE | ADDI- TIONAL FEE |
| Total | 15 | Minus | 20 | = | | |
| Independent | | Minus | *** | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | <input type="checkbox"/> | |

SMALL ENTITY
TYPE OR OTHER THAN
OR SMALL ENTITY

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 1) (Column 2) (Column 3) | |
|--|---|-------|---|------------------|----------------------------------|------------------------|
| | | | | | RATE | ADDI- TIONAL FEE |
| Total | | Minus | ** | = | | |
| Independent | | Minus | *** | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | <input type="checkbox"/> | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | (Column 1) (Column 2) (Column 3) | |
|--|---|-------|---|------------------|----------------------------------|------------------------|
| | | | | | RATE | ADDI- TIONAL FEE |
| Total | | Minus | ** | = | | |
| Independent | | Minus | *** | = | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | <input type="checkbox"/> | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| X\$ 9= | | OR X\$18= | |
| X40= | | OR X80= | |
| +135= | | OR +270= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20"
- *** If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."
- The Highest Number Previously Paid For Total or addititonal to the highest number found in the appropriate box in column 1.